

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
P. O. BOX 94986  
LINCOLN, NE 68509-4986  
800-422-3460 ext 1-2 / 402-471-2159  
APPLICATION FOR CERTIFICATION AS AN EMERGENCY MEDICAL SERVICES  
INSTRUCTOR

**Please print or type all applicable sections (Signatures must be originals)**

**SECTION A  
PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Day time tel. # (optional) \_\_\_\_\_  
Home tel. # (optional) \_\_\_\_\_

**SECTION B  
CERTIFICATION BASED ON TRAINING**

**Applicants applying for certification must complete the following:**

1. I am certified as an \_\_\_\_\_ \* \_\_\_\_\_  
Level of Out-of-Hospital EMS Provider Certificate#

\* If you are certified in another state attach a copy of your current certificate.

2. Level that you will be teaching: 1<sup>st</sup> Responder \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate  
Paramedic \_\_\_\_\_ (Check all that apply.)

3. List the emergency medical services where you practiced for the past three years as an out-of-hospital emergency care provider, the dates of practice and the service officer.

Name of Service	Date of Practice	Service Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Section B (continued)

4. Attach documentation of one of the following:
- a. 1986, 1995 or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course **OR**
  - b. College or university program transcript showing you received a bachelor's degree or above in education; **OR**
  - c. The National Fire Protection Agency 1041 Instructor 2 Course; **OR**
  - d. The Nebraska EMS Instructor Course; **AND**
5. a.) Attach a copy of your current certification from the National Registry of Emergency medical Technicians; **OR**
- b.) Have your training agency physician medical director, training agency physician surrogate or a certified EMS Instructor sign below.

I, \_\_\_\_\_, verify that  
Signature of PMD, PMD Surrogate or Certified EMS Instructor (Print)

\_\_\_\_\_  
Name of applicant (Print)

Has successfully completed a practical examination over the National Registry skills for the highest level he/she will teach.

**Signature**

**Date**

## SECTION C CERTIFYING INFORMATION

A. Have you ever been convicted of a misdemeanor or a felony: \_\_\_\_Yes \_\_\_\_No If yes\*, list the conviction(s), date of conviction(s), name and location of court (city, county and state).

**\*If convicted applicants must submit official court records relating to the conviction and disposition of the conviction and a letter from the applicant explaining the circumstances surrounding the conviction.**

**Section C (continued)**

**B. Have you had any disciplinary action taken against your license/certificate by another state where you had been or are currently licensed/certified? \_\_\_\_ Yes  
\_\_\_\_ No If yes\*, list state, license number, action taken by the state.**

**C. Have you practiced as a primary instructor in Nebraska prior to the application for an EMS instructor certificate? Primary instructor means one who attends a majority of the class sessions to assure course continuity and identifies students that have the cognitive, affective and psychomotor skills necessary to function at the level being taught. \_\_\_\_ Yes \_\_\_\_ No**

**If yes, how many days did you practice as the primary instructor. \_\_\_\_  
No. of days**

I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of eighteen years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_